

ATTORNEY APPLICATION

BACKGROUND INFORMATION

- A. I, _____ hereby apply for a *Certificate to Practice* as an attorney before all Tribal Courts of the Shoshone and Arapaho Tribes.
- B. I am a member in good standing of the following bar associations:
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- C. I agree to subscribe to the oath as set forth in *Section 1-5-7*, of the *Shoshone and Arapaho Law & Order Code*.
- D. I understand and agree to pay the admission fee of \$100.00.
a. This fee is to be renewed every year.

REQUIREMENTS AND CONDITIONS

- A. I agree to conform my conduct to the requirements and suggested behavior of the Code of Professional Responsibility as adopted by the American Bar Association.
- B. I understand that my Certificate will be effective for a lifetime, unless suspended pursuant to the *Shoshone and Arapaho Law and Order Code*.
- C. I agree to submit myself to the personal jurisdiction of the Shoshone & Arapaho Tribal Court for the purposes of its contempt power in all matters related to my practice.

Signature of Applicant: _____

Business Address: _____

City _____ State _____ Zip _____

Business Telephone Number: _____

E-mail Address: _____

Dated this _____ day of _____, 20____